

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725816

Entity Name: S.C. CONDOMINIUM, INC.**Current Principal Place of Business:**4445 SOUTH ATLANTIC AVENUE
#104
PONCE INLET, FL 32127**Current Mailing Address:**4445 SOUTH ATLANTIC AVENUE
#104
PONCE INLET, FL 32127**FEI Number:** 59-1564467**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CARPENTER, BECKY CAM
4445 S ATLANTIC AVE
#104
PONCE INLET, FL 32127 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** BECKY CARPENTER

01/19/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name HAUCK, LORAN
Address 172 KENTUCKY BLUE CIRCLE
City-State-Zip: APOPKA FL 32172

Title PRESIDENT
Name ONDICK, ANNA
Address 989 GREENTREE DRIVE
City-State-Zip: WINTER PARK FL 32789

Title DIRECTOR
Name HOLT, ERIC
Address 4445 S. ATLANTIC AVE. #804
City-State-Zip: PONCE INLET FL 32127

Title SECRETARY
Name ALTER, LAURIE
Address 6 INDIAN MOUND
City-State-Zip: FLAGLER BEACH FL 32136

Title TREASURER
Name PINKEWICH, DEBBIE
Address 1103 ERIC CT.
City-State-Zip: WINTER SPRINGS FL 32708

Title DIRECTOR
Name WILLIAMSON, MICHAEL
Address 182 KENTUCKY BLUE CIR.
City-State-Zip: APOPKA FL 32712

Title DIRECTOR
Name GIBBS, SHIRLEY
Address 4435 S. ATLANTIC AVE
511
City-State-Zip: PONCE INLET FL 32127

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ANNA ONDICK

PRESIDENT

01/19/2024

Electronic Signature of Signing Officer/Director Detail

Date